

### DIKED AREA DRAINAGE FORM

<b>Containment Area:</b>			
<b>Appearance of water at time of draining:</b>			
<b>If oil or sheen is present, what was done to clean it up:</b>			
<b>Was the source of oil or sheen identified, and if so, what was done to correct problem:</b>			
<b>Date Drainage Started:</b>		<b>Time Drainage Started:</b>	
<b>Date Drainage Stopped (Containment Resealed):</b>		<b>Time Drainage Stopped (Containment Resealed):</b>	
<b>Operator Name:</b>			
<b>Operator Signature:</b>			
<b>Supervisor Name:</b>			
<b>Supervisor Signature:</b>			